

SUMMARY NOTES

Maine Quality Forum Advisory Council

January 8, 2010

Present: Kathy Boulet, DC, James Case; Josh Cutler, MD, W. Stephen Gefvert, Sue Henderson, Jeff Holmstrom, Frank Johnson, Robert Keller (Chair), James Leonard, Becky Martins, Elizabeth Mitchell, Al Prysunka, Paul Tisher, and David White

Item	Discussion	Decision/Action	Date Due
September 18, 2009 Minutes	Minutes of the November 13 2009 meeting of the Maine Quality Forum were reviewed once a quorum was present.	Minutes approved as distributed	
Spine Care in Lewiston	<p>Josh Cutler introduced Ralph Harder, MD, chief medical offer at Saint Mary's Health System in Lewiston, Maine. Josh invited Dr. Harder to speak to illustrate how analyses from Maine's all payor discharge data base is being used to improve quality at the local level. Dr. Harder provided an historical perspective on how Saint Mary's moved from a hospital focused on individual clinical transactions to one motivated by improved outcomes. By historical accounts, Saint Mary's neurosurgery program was highly successful, investing in CT stealth technology and other intraoperative neuronavigational techniques and recruiting academic neurosurgeons. Over time, the hospital became the "go to" place for back surgery. However, the hospital did not change with the science when research showed that surgery was not the cure for chronic pain. Data reported by MQF showed that the Lewiston area was significantly above the state average in lumbar fusions.</p> <p>Since initial data on lumbar fusions were reported, Saint Mary's re-shaped its approach to be more outcome rather than service line oriented. They have moved from a private practice model where incentives are to increase the number of surgeries to an employed model more focused on care coordination and outcomes. More recent data on neurosurgery discharge trends show the Lewiston area to be trending back to the norm.</p> <p>St. Mary's does not presently conduct surveys of its patients to follow their progress post-surgery. Council members agreed that such information would be useful in better understanding whether surgery brings benefits even in cases thought to be appropriate for surgery.</p>	Information only; no action required	

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Phase 2 of Paid Claims Analysis	<p>Josh Cutler reviewed the major purpose and findings of Phase 1 of the paid claims analysis conducted by Health Dialog. The purpose was to focus on major cost drivers within Maine. Results of Phase 1 analysis found:</p> <ul style="list-style-type: none"> • Utilization is the primary driver of cost and much is unwarranted • There is significant variation in total admissions and preventable hospitalizations across the state • There is significant variation in outpatient spending throughout Maine, much of which can be reduced. <p>Moving forward to Phase 2 of the Paid Claims Analysis, Josh described three potential parts to Phase 2. Part 1 would update and expand upon the cost driver study to include an analysis of quality by HSA. The purpose of this analysis would be to demonstrate variations in cost and quality at the total population level as well as for specific cohorts, such as those who are chronically ill. Part 2 would analyze variations in cost and quality at the provider group level at the general level and for specific chronic diseases. Provider groups would include primary care, cardiology, orthopedics and potential others. Attribution of patients to practice groups will be a major activity in Part 1 that would draw upon existing methods used within Maine and other national models. For both Parts 1 and 2, the goal would be to identify the specific drivers which account for the differences in quality and cost by HSA and practice, such as imaging, lab, specialty visits, and hospital admissions. The proposal for Part 3 would be to conduct analyses at the systems of care level. Through analysis of referral and admission patterns, the goal would be to identify systems of care.</p> <p>Questions were raised about whether the proposed analysis would be actionable in that so much has changed and continues to change since 2007, the last year for which complete claims are available. David Wennberg of Health Dialog, argued that the analysis would provide an important baseline for better understanding the status quo and opportunities for forming accountable care organizations within the state. The data will be critical to measure change as the system transforms over the coming years. Some expressed concern that this kind of analysis may negatively impact rural regions of the state by redirecting where patients go for specific services. As services leave rural areas, it is harder to keep other primary and specialty providers in the region.</p>	Council members agreed to proceed with Phase 2 as described.	Phase 2 to continue throughout 2010.

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	<p>Josh underscored that Phase 2 analysis will focus on chronic disease where Phase 1 showed preference sensitive care use to be 4-5 times higher than for general population. A “deeper dive” into the data will more closely examine why that may be happening and how care patterns within and outside primary care may be contributing to higher use.</p>		
Update: Dirigo Health Agency	<p>Karynlee Harrington gave the following report to Council members:</p> <p><i>Nominations to Dirigo Board of Trustees:</i> The Governor nominated the following individuals to the Board of Trustees:</p> <ul style="list-style-type: none"> • Frank O’Hara, co-owner of Planning Decisions Inc. • Gary Reed, former State Legislator • Jonathan Beal, private practice attorney • Ed David, of Holden, Deputy Chief Medical Examiner for the State of Maine • Mary McAleney, former District Director of U.S. Small Business • Mary Anne Turowski, legislative and political director for the Maine State Employees Association. <p><i>Dirigo Health Agency Financial Status:</i> Karynlee emphasized again that the \$25M cash advance which Dirigo received is not an indicator of long-term financial viability of the agency. The advance is allowing the agency to transition out of the savings offset payment (SOP) and was required to address the structural lag time between when the SOP was determined and when it was collected. The law requires that the cash advance be paid in full by June 20, 2010, and the Agency will comply with the law.</p> <p><i>Award of DirigoChoice Administrator:</i> Effective July 1, 2010, the Dirigo Board approved Harvard Pilgrim Health Care as administrator of DirigoChoice. A competing candidate, Celtic Insurance Company, has appealed the decision. A state hearing on the appeal is expected in early February.</p>	Information only; no action required	

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Public Comments	Sandy Parker of the Maine Hospital Association asked for greater clarification on what is considered a preventable hospital admission. Josh indicated that the reported rates are based on specifications developed by the Agency for Healthcare Quality and Research. .		
Next Meeting	The next meeting is scheduled for Friday, March 19, 2010		